

Best Practices in the Acquisition and Use of
Independent Medical Evaluations:

*A Synthesis of Recommended Practices from
A Review of Pertinent Literature
And Interviews with Executives at Selected Organizations*

Compared to

*Current Practices
At the Washington State Department of Labor & Industries*

Chapter 3

Downloadable Version, Part 3 of 3

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Project to Improve Independent Medical Examinations
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II. Analysis of Best Practices Compared to Current L&I Practices

The following table lists specific areas and topics identified in the preceding Best Practices research, and compares those practices to current L&I practices.

| Area | Topic | Best Practice | Current L&I Practice |
|-----------------------------|---|--|---|
| Rates of IME use | Comparative rates | Low usage, information is gathered in other ways | One of the highest rates in U.S., (see p.16) |
| | Limits | Avoid multiple IMEs in short time frame (6 months); must use information promptly | Not studied |
| | Alternative dispute resolution | Use Managed Care Organization-like mechanism as much as possible (see p. 17) | Not in effect |
| | | | |
| Requirements | Legal, regulatory | Specify appropriate content by informational need, e.g. causality, treatment, impairment, and specify completely in regulation | Current WAC specifies an incomplete list; Handbook/IME template quite good; may require revision, however, and requirements/incentives for their use may be appropriate |
| | | | |
| Reasons for Requesting IMEs | Diagnosis | Obtain IME if medical consultant cannot negotiate correct diagnosis with AP; diagnosis esoteric | Asked in almost every IME reviewed for this study |
| | Causation | Obtain IME if medical consultant cannot negotiate logical causation with AP; or if imputed cause is esoteric or unclear | Asked in almost every IME reviewed for this study |
| | Delayed functional recovery (see p. 21) | Obtain IME if medical consultant cannot determine issues and develop plan with AP and case manager | Rarely asked |
| | Prolonged treatment (see p. 21) | Seek opinion of appropriateness early in treatment period if medical consultant cannot negotiate with AP | Asked occasionally after very prolonged treatment, usually as part of MMI/rating question |
| | MMI | Seek opinion at early time point if medical consultant cannot reach agreement with AP | Ask at end of case with rating |
| | Impairment assessment | Obtain assessment from AP when possible; have L&I calculate / assign rating | Obtain complete IME in most cases, rather than impairment assessment only |

| Area | Topic | Best Practice | Current L&I Practice |
|--------------------------|------------------------------------|---|--|
| | Alternative sources of information | Review records; ask attending physician, informal or formal in-house consultation, or file review | Usually obtain IME after requesting information from the AP and the information request is ignored |
| | Admissibility | Agreement to admit records | Act as if IME were admissible |
| | | | |
| Examiner qualifications | General | Knowledgeable and current about body area and issue at hand | Done by specialty, without reference to training in causal analysis, use of guidelines, or the IME process and reporting |
| | Credentialing | Include structured review of work product | L&I requires each examiner to have some direct patient care and board certification in their area of medical specialty |
| | Certification | Require certification | Limited, per credentialing practice |
| | Training | Require training, cover all areas | Only required for chiropractors |
| | Use of APs | Use AP information as much as possible if clear, high quality and prompt | Only received in minority of cases due to AP resistance |
| | | | |
| Sources of IME examiners | Recruitment | Ask for application or professional society nomination; use University units | L&I relies on panel companies to recruit examiners |
| | Networks | Use small, trained, quality managed network | Not done |
| | Brokers | Require structured quality management | Requirements are minimal |
| | | | |
| IME Requests | Who orders | Adjuster and medical professional | Adjuster only |
| | Choice of examiners | Match to issue | L&I requests specialty, but not the specific examiner or skill set, choice left up to panel companies |
| | Specialty | Expertise in issue, body area | Request by ABMS specialty to panel companies |
| | Number of examiners | One unless issues are multi-system | Multiple examiner IMEs are common |
| | Questions | Specific to issues and facts in the case at the point in time; include clear medical summary | Generic and general questions asked; summaries absent or claim-related rather than medical |
| | Frequency of issues | Delayed recovery, causation, diagnosis, treatment are most common issues | Impairment with causation, diagnosis, MMI, future medical are most common issues |

| Area | Topic | Best Practice | Current L&I Practice |
|--------------------|-------------------------|---|--|
| | Provision of records | Relevant, in chronological and category order, no duplicates; in advance; electronic, if available; accompanied by inventory list | Quality of microfiche record is variable, may be incomplete or may be late, inventory list seldom provided, job information usually missing. Corrections to the records are not getting back into files. |
| | Fees | Fair fee to examiner for time spent | Fee schedule to IME Broker |
| | | | |
| Evaluation process | Scheduling | Examiner's office arranges with examinee | "Summons to appear" |
| | Travel distance | Convenient to claimant and condition | Not specified; attempt to schedule in closest locale but results range from local to cross-state |
| | Examinee identification | Positive identification; record process used and ID | Not recorded |
| | Declarations | State and record independence, neutrality, non-treater | Not recorded or partial boilerplate |
| | | | |
| Evaluation Content | Record review | List in order by category; summarize but include primary data | Combined with patient history at times; usually incomplete; no lists noted |
| | History | Include appropriate, detailed history: past medical, social, employment, job/work/occupational, present health problem with mechanism, prior symptoms, signs, treatment | WAC specifying report content is incomplete; result is that reports typically lack employment and occupational histories, work situation; history of current problem sketchy |
| | Inventories | Use and discuss questionnaire, pain inventories, symptom inventories as appropriate | Not recorded or found only in minority of files reviewed |
| | Claimant reliability | Include opinion of reliability, consistency with examples | Not recorded |
| | | | |
| Analysis | Diagnosis | Match guidelines carefully | Usually accept prior diagnoses without analysis, rarely explain logic/rationale |
| | Causation | Use careful logic compared to evidence and exposures | Usually accept prior causation analysis without critique, rarely use evidence or explain logic/rationale |
| | Prior testing | Review primary materials, interpret, comment on timing and prior interpretations | Usually quote prior interpretations briefly, accept as appropriate |

| Area | Topic | Best Practice | Current L&I Practice |
|--------------------|-----------------------------|---|--|
| | Treatment appropriateness | Compare to guidelines, comment on appropriateness with logic shown | Rarely comment on this; typically accept as reasonable, especially surgery |
| | Delayed functional recovery | Seek risks and reasons, list with remedial suggestions | Not seen in any exams reviewed |
| | MMI | Compare treatment to guidelines; delayed recovery risks | Usually appear accurate, but logic not given |
| | Impairment assessment | Follow a formal system, listing detailed methods and rating | Highly variable accuracy and explanations |
| | Future medical treatment | Forecast needed treatment quantitatively | Typically no or vague statements |
| | Recommendations | Evidence-based in response to specific questions or needs | Rare; not usually explained even when present |
| | | | |
| Quality Management | Quality assurance | Delegate by contract to brokers if used; respond to substantive complaints with analysis and evidence | Complaints routed to examiner for response |
| | Quality control | Delegate by contract to brokers if used; routine medical content, logic audits and feedback | Not done |
| | Quality improvement | As above with statistical feedback and means for systemic improvement | Not done |
| | | | |
| Satisfaction | Claimant | Third party, rolling, stratified surveys; statistical feedback to examiners | Delegated to IME brokers; not tabulated or used; very broad questions |
| | Attending physician | Third party, rolling, stratified surveys; statistical feedback to examiners | Not done |
| | Claims staff | Periodic stratified surveys; statistical feedback to examiners | Not done |
| | Legal staff, judges | Periodic surveys; statistical feedback to examiners | Not done |
| | Employers | Periodic surveys; statistical feedback to L&I, Claim Managers and examiners | Not done |
| | IME Examiners | Periodic surveys; statistical feedback to L&I and Claim Managers | Not done |

| Area | Topic | Best Practice | Current L&I Practice |
|----------|--|---|----------------------|
| | | | |
| Outcomes | Effective use of information in claims, care quality improvement | Tabulation of audit results tracking use of information; feedback, systemic improvement | Not done |
| | Effective use in dispute resolution | Tabulation of audit results tracking use of information; feedback, systemic improvement | Not done |

III. Identified Issues (*in italics*) in the Independent Medical Examination Process

| STEP | WHAT / WHO | CURRENT PROCESS | IDENTIFIED ISSUES |
|------|-------------------------------|--|---|
| 1 | <i>Request IME</i> | | |
| | <i>Claims Examiner</i> | <p>Fills out IME dictation worksheet</p> <p><i>Prepare claims summary</i></p> <p><i>Specify purpose of exam</i></p> <p>Specify timing /priority status</p> <p><i>Select questions to ask examiner</i></p> <p>Specify preferred type / name of examiner</p> <p>Create final request letter; send to scheduler</p> <p>Send letter to injured worker re: notice of intent to schedule an IME</p> | <ul style="list-style-type: none"> • Claims summary and purpose of exam often missing or general. • Current specific issue rarely stated. • Questions are boilerplate and ill-timed to stage of claim (e.g., constantly asking diagnosis and causality at time of rating exam) |
| 2 | <i>Prepare for IME</i> | | |
| 2a | <i>Scheduler</i> | <p>Call panel Companies or potential examiners to find appointment slot</p> <p>Write / mail letter to injured worker re: appointment date</p> <p>If needed, renegotiate times with physician-evaluator and injured worker and re-send notification letter</p> | <ul style="list-style-type: none"> • Criteria for Approved Examiners are weak; database on examiners is limited and provides no quality or satisfaction related information; selection not linked to performance. • Interval between request date and actual appointment often >1 month. |
| 2b | <i>Claims Examiner</i> | <p><i>Request a microfiche copy of the claims file be sent to IME Broker (see 3a)</i></p> | <ul style="list-style-type: none"> • No list of documents sent. |
| | <i>Injured Worker</i> | <p><i>Get copies of Xrays/MRI's etc.</i></p> <p><i>Call medical office to request copy</i></p> <p><i>Wait several days</i></p> <p><i>Go to medical office to pick up records</i></p> | <ul style="list-style-type: none"> • IME examiners never / seldom have actual Xrays or MRIs to review. |

| STEP | WHAT / WHO | CURRENT PROCESS | IDENTIFIED ISSUES |
|------|--|---|---|
| 3 | <i>Perform IME</i> | | |
| 3a | <i>IME Broker / Medical office staff</i> | <i>Assemble chart for physician-evaluator</i> | <ul style="list-style-type: none"> No list of documents received IME examiners appear not to get many / key records (surgical reports, notes from first medical care post injury, etc.) |
| 3b | <i>Injured Worker</i> | Fill out questionnaires and history forms | |
| 3c | <i>Physician - evaluator</i> | Do the history and physical <i>Read documents supplied</i> <i>Interview injured worker</i> <i>Perform physical examination</i> <i>Do tests, measurements</i> If needed, obtain additional records or tests | <ul style="list-style-type: none"> No list of documents reviewed. Patient interview mixed in with chart review. MD seems to be skimming through disorganized or few documents. Physical examination incomplete or poorly documented Tests/measurements incomplete or poorly documented |

| STEP | WHAT / WHO | CURRENT PROCESS | IDENTIFIED ISSUES |
|------|--|---|--|
| 4 | <i>Prepare IME Report</i> | | |
| 4a | <i>Physician - evaluator</i> | Dictate draft report <i>Document process and factual findings of the examination</i> Draw conclusions/formulate opinions <i>State and explain basis for findings</i> <i>Answer questions and lay out rationale</i> | <ul style="list-style-type: none"> • See 3c above. • L&I template very rarely used for reports. • Highly variable report format / contents. • Poor documentation of examination process. • Questions often indirectly or partially answered, e.g. reference in report is often to “See above”, with no clear reference section being referenced. • Rationale and basis for opinions/answers rarely provided. |
| 4b | <i>IME Broker Medical Office staff</i> | Transcribe report Proofread; <i>make sure all questions are answered</i> ; mark up draft report as necessary. Send edited report or proposed changes to physician-evaluator for approval | See 3c and 4a above. |
| 4c | <i>Physician-evaluator</i> | OK proposed changes; answer questions | |
| 4d | <i>IME Broker Medical Office staff</i> | Prepare final hard-copy report Send to physician-examiner for signature | |

| STEP | WHAT / WHO | CURRENT PROCESS | IDENTIFIED ISSUES |
|------|--|---|---|
| 5 | Delivery and Payment | | |
| 5a | <i>IME Broker Medical Office staff</i> | Send preview draft to L&I for review | |
| 5b | <i>Physician-evaluator</i> | Sign hard copy of report | |
| 5c | <i>IME Broker Medical Office staff</i> | Mail signed hard copy to L&I claims office Send bill to L&I accounting department | |
| 5d | <i>Claims Examiner</i> | Review report; <i>determine adequacy If needed, ask for clarification (written addendum) from examiner If needed, refer complaints to Provider Review & Education unit for follow-up</i> Authorize (or refuse) payment Take claims management action as appropriate | <ul style="list-style-type: none"> Interval between date of exam and receipt of report often > 30 days. Bill for report and IME itself travel in separate processes. No objective quality standards, or systematic quality assessment, or predictable consequences for low quality reports. |

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